



July 1, 2016

Dear Provider:

Pursuant to Miss. Code Ann. §§ 43-13-117, 43-13-121 qualified providers enrolled as a Mississippi Medicaid provider are eligible for an increased payment for certain primary care Evaluation and Management (E&M) and Vaccine Administration codes.

The Division of Medicaid (DOM) is extending the deadline for eligible providers to submit their 7/1/2016-6/30/2018 Self-Attestation Statement form to Conduent. The extended deadline is 8/1/2016. To receive the increased payment for dates of service (DOS) beginning 7/1/2016, eligible providers must send a completed and signed 7/1/2016 – 6/30/2018 Self-Attestation Statement form to Conduent Provider Enrollment via e-mail to [msinquiries@conduent.com](mailto:msinquiries@conduent.com), fax to (888) 495-8169, or mail to P. O. Box 23078, Jackson, MS. 39225 by **8/1/2016**. Providers whose 7/1/2016-6/30/2018 Self-Attestation Statement forms are e-mailed, postmarked, or faxed during the extension timeframe of 6/30/2016 - 8/1/2016, will experience a delay in the reimbursement of the increased payment, which will be retroactively adjusted. Providers must notify Conduent of any change(s) to their completed 7/1/2016-6/30/2018 Self-Attestation Statement form.

Attached is the Mississippi Division of Medicaid's 7/1/2016 – 6/30/2018 Self-Attestation Statement form for qualified providers to complete in order to receive these increased payments for certain codes.

Instructions for completing the 7/1/2016 – 6/30/2018 Self-Attestation Statement form:

- All information entered on the 7/1/2016 – 6/30/2018 Self-Attestation Statement form must be complete and identical with the information currently on file at the Division of Medicaid including the provider name, Mississippi Medicaid provider number, NPI, etc.
- Incomplete forms will be returned to the provider.
- The form must be completed for the 7/1/2016 – 6/30/2018 attestation period.
- The provider must sign and date the form.

Qualified Physicians:

- Must complete, sign and date Section I of the 7/1/2016 – 6/30/2018 Self-Attestation Statement form.
- Must be currently enrolled as an active Mississippi Medicaid provider.
- Must deliver certain primary care services (refer to the physician fee schedule document Increased Primary Care Provider Fee Schedule on DOM's website).
- Must self-attest to a specialty designation in family medicine, general internal medicine, pediatric medicine or a subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), the American Osteopathic Association (AOA) and one of the following:
  1. Board certification.

2. Sixty (60%) of their total Medicaid paid codes for the previous Calendar year was for specified Evaluation & Management (E & M) or Vaccine Administration codes.
  3. New Medicaid providers with no billing history must attest that at least 60% of their total Medicaid paid billing codes WILL BE for specified E&M and Vaccine Administration codes.
- Will receive one hundred (100%) of the Medicare rate for certain primary care services.

Qualified Non-Physician Practitioners:

- Must complete, sign and date Section II of the Self-Attestation Statement form.
- Must be currently enrolled as an active Mississippi Medicaid provider.
- Must deliver certain primary care services.
- Must be in a practice agreement with a qualified physician who has completed Section I of the 7/1/2016 – 6/30/2018 Self-Attestation Statement form. The qualified physician is only required to complete Section I once. If the qualified physician has already self-attested, then the name and NPI of the physician should be entered in Section II.
- Will receive an increased payment based on the current percentage of the increased physician payment.

Excluded providers include those rendering services in:

- Federally Qualified Health Centers (FQHC),
- Rural Health Clinics (RHC), or
- Mississippi Health Department clinics.

**Completed forms must be submitted to Conduent Provider Enrollment in one of the following ways:**

- **E-mailed to:** [msinquiries@conduent.com](mailto:msinquiries@conduent.com)
- **Mailed to:** P. O. Box 23078  
Jackson, MS. 39225
- **Faxed to:** (888) 495-8169

Please contact Conduent at (800) 884-3222 if you have any questions or need additional assistance.

Sincerely,

Provider Enrollment